

# HEALTH AND COMMUNITY SUPPORTS CONTRACT CONTRACT INTERPRETATION BULLETIN

for CY 2003 Contract

## CIB #2003-2: Providing Services During Temporary Absence from the CMO Service Area

Issued: November 3, 2003

### CONTRACT SECTIONS AFFECTED

HCS Contract Sec. III.A. *Provision of Services in the LTC Benefit Package*

### CONTRACT INTERPRETATION

Family Care services are provided during a member's temporary absence from the CMO service area in accordance with Medicaid rules and policies (see next page). If a member asks the CMO to provide long-term care services during a temporary absence from its service area, the CMO shall conduct two tests to determine whether to provide the services:

1. Test for residency – Is the member still a resident of the Family Care county, i.e., after leaving, has/will a new residence be established outside the CMO service area? (ES should decide this. In general, unless a member who leaves a Family Care county does not intend to return, s/he has not established a new residence. The member continues to be a resident of the Family Care county and remains eligible for Family Care.)
  - If no, the member is no longer a resident, loses eligibility and must be disenrolled.
  - If yes, the member remains a resident, the CMO must go on to the second test.
2. Test whether a cost-effective plan for achieving the member's outcomes and assuring the member's health and safety during the absence can be developed using the RAD method:
  - a. Is there a reason, related to the member's long-term care outcomes, for the member to be out of the CMO service area (could include education, vacation, extended vacation, i.e., over-wintering, etc.)?
  - b. Is there a way for the CMO to effectively arrange and manage the member's services during the absence? Factors to consider:
    - Duration of absence
    - Distance from CMO
    - Availability of providers
    - Ability to monitor the care plan directly, through contracting or other arrangements

- c. Is there an effective way to arrange and manage the member's services during the absence that is cost-effective? Factors to consider:
- Cost in comparison to effectiveness in achieving the member's outcomes
  - Cost in comparison to the member's care plan costs when in the service area
  - CMO staff time and effort in comparison to time and effort when in the service area
  - Duration of absence
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- If the CMO decides no, it cannot establish a cost-effective care plan for achieving a member's outcomes and assuring health and safety during the absence, it shall seek Department approval for involuntarily disenrollment. In considering whether to allow involuntarily disenrollment, the Department will expect the CMO to demonstrate that it is unable to continue to meet the member's long-term care outcomes and assure the member's health and safety with reasonable cost and effort. The member will be given the opportunity to rebut this contention and demonstrate that her/his long-term care outcomes can be met and health and safety assured with reasonable cost and effort, which could include an SDS plan.
  - If the CMO decides yes, it can establish a cost-effective care plan for achieving a member's outcomes and assuring health and safety during the absence, it must do so.